

## Highlights:

- A number of barriers, such as cost, lack of health insurance, language differences, lack of transportation, and inadequate services prevent low income women and men from obtaining the health care they need.
- Those most likely to be uninsured are low income, young (18-24 years old), or Latino.
- The Family PACT Program aims to reduce barriers to family planning and reproductive health services for California residents.
- Family PACT is improving access to care, serving more than double the number of clients since program implementation.
- The diversity of providers and services available through Family PACT helps ensure that the specific needs and preferences of all clients are met.

## Fact Sheet On

# Increasing Access to Health Services

## Background

A number of barriers prevent low income women and men from obtaining the health care they need. While cost is most frequently cited, other common barriers include lack of transportation, language differences, inadequate services, long waiting times, inconvenient clinic hours, and fear associated with immigrant status.<sup>1</sup> Lack of health insurance also poses a formidable barrier to accessing health care,<sup>2</sup> and one-third of non-elderly Americans were uninsured for all or part of 2002 and 2003.<sup>3</sup> Those most likely to be uninsured are low income, young (18-24 years old), or Latino<sup>4</sup> (59.5% of Latinos are uninsured, compared with 23.5% of Whites<sup>5</sup>). Women represent another population whose access to health care is limited by income – one-third of women ages 18-64 are in families with incomes below 200% of the Federal Poverty Level.<sup>6</sup> California's Family PACT Program aims to decrease barriers to reproductive health services for these specific populations, providing a critical entrance to the state's health care system for women and men of reproductive age.

## Family PACT Program

California's Family PACT Program provides clinical services for family planning and reproductive health at no cost to eligible uninsured residents, filling a critical gap in health care for the indigent, low-income, and working poor. Women and men are eligible if they reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the Federal Poverty Level,<sup>7</sup> and have no other source of health care coverage for family planning services. The Family PACT Program is administered by the California Department of Health Services, Office of Family Planning.

## Reducing Barriers

Through a number of model features, the Family PACT Program is decreasing barriers to family planning and reproductive health services for women and men living in California.

- **No cost services:** All Family PACT services are provided directly or by referral at no cost to the client.
- **On-site enrollment:** Easy on-site enrollment eliminates delays and provides immediate access to services.
- **Prompt delivery of services:** New clients are seen within three weeks or referred to another provider.
- **Expanded provider network:** Family PACT's provider network, composed of both public and private providers as well as pharmacy distribution sites, ensures the availability of services in every county while meeting diverse populations' preferences for care.
- **Linguistic and cultural competency:** All Family PACT materials and services are provided in a language and at a literacy level understood by each client.
- **Adolescent services:** Eligibility for adolescents is not based on family income and parental consent is not required.



- **Male services:** Eligibility criteria and services for men are comparable to those for women except for appropriate gender differences.
- **Referrals for other services:** Referrals are available for medical and psychosocial services beyond the scope of Family PACT.
- **Confidentiality:** All clients are informed of their confidentiality rights, and personal information is treated as privileged communication.
- **Comprehensive reproductive health services:** Family PACT offers the full array of FDA-approved family planning methods, including emergency contraception, as well as clinical and preventive services to maintain reproductive health.

## Increasing Access

By removing common barriers to care, Family PACT is improving access to services for a diverse population of clients. In fiscal year (FY) 02/03:<sup>8</sup>

- Family PACT served 1.57 million clients, three times the number served in the year prior to program implementation.
- Of the estimated 2.34 million women (ages 13-44) in need of publicly funded contraceptive services in California, 1.2 million (51%) received them through Family PACT.
- More than one-third (36%) of adolescents (ages 13-19) in need of publicly funded contraceptive services were Family PACT clients.
- The proportion of male clients more than tripled, from 4% in FY 97/98 to 13% in FY 02/03.
- The Family PACT client base was 67% Latino, 19% White, 6% African American, 6% Asian/Filipino/Pacific Islander, and 3% Native American/other.

## Meeting Diverse Preferences

The diversity of providers and services available through Family PACT ensures that the specific needs and preferences of all clients are met. For example:

- Clients of private providers are more likely to be Latino and report Spanish as their primary language.
- The majority of adolescent clients seek care at public/non-profit clinics.
- A greater proportion of male clients visit private providers than female clients.
- Latina women are more likely to receive long-acting contraceptive methods (injections, patch, intrauterine contraception, tubal ligation), while White women are more likely to receive oral contraception and African American women barrier methods.
- The most popular methods among adolescents are barrier methods and oral contraceptives, and female adolescents are more likely to receive emergency contraception than adult women.
- African American men are more likely to receive barrier methods and less likely to receive vasectomy procedures.

## Conclusion

The Family PACT Program aims to reduce barriers to reproductive health care in California. Through features such as on-site enrollment, an expanded provider network, and linguistic and cultural competency standards, the program is improving access to services for a large and diverse population of clients. At the same time, these features ensure that clients can choose the type of provider and services best suited to their specific needs. The services provided by Family PACT are fundamental to the health and well being of women, men, and adolescents with limited health care options in California.

This information was compiled by the University of California, San Francisco, Center for Reproductive Health Research & Policy under contract #00-90982 with the California Department of Health Services – Office of Family Planning.

<sup>1</sup> Schur C, Berk M, Good C, Gardner E. 1999. California's Undocumented Latino Immigrants: A Report on Access to Health Care Services. Prepared for the Henry J. Kaiser Foundation by the Project HOPE Center for Health Affairs. Available at <http://207.22.102.105/content/archive/1490/latino.pdf>. Accessed April 20, 2004.

<sup>2</sup> Brown ER, Wyn R, Teleki S. 2000. Disparities in Health Insurance and Access to Care for Residents across U.S. Cities. Los Angeles, CA: UCLA Center for Health Policy Research.

<sup>3</sup> Families USA. *One in Three: Non-Elderly Americans without Health Insurance, 2002-2003*. Washington, DC; 2004. Available at: <http://www.familiesusa.org>. Accessed July 9, 2004.

<sup>4</sup> American Public Health Association. Fact Sheet: Access to Care. Available at <http://www.apha.org/legislative/factsheets/FactSh1-AccessCare.pdf>. Accessed April 20, 2004.

<sup>5</sup> Families USA, 2004.

<sup>6</sup> Kaiser Family Foundation. 2004. Health Coverage and Access Challenges for Low-Income Women. Available at <http://www.kff.org/womenshealth/7037.cfm>. Accessed April 15, 2004.

<sup>7</sup> For a family unit of one, 200% of the Federal Poverty Level is \$18,620, increasing by \$6,360 for each additional person.

<sup>8</sup> Family PACT data presented in this fact sheet are drawn from Family PACT enrollment and claims data, and the Family PACT Program Report. Unpublished report 2004.